

**State of Hawaii**  
**Department of Health**  
**Executive Office on Aging**

**RFP # HTH-904-KC-ADC-2**

**KUPUNA CARE**

**Adult Day Care  
for the  
City and County of Honolulu**

**July 1, 2004 through June 30, 2005**

March 2, 2004

March 2, 2004

**Competitive Purchase of Service, REQUEST FOR PROPOSAL (RFP),  
HTH-904-KC-ADC-2, KUPUNA CARE Services  
ADULT DAY CARE**

The Department of Health's Executive Office on Aging is requesting proposals from qualified applicants to provide Adult Day Care services to older adults within the City and County of Honolulu. The target population is frail, older adults, 60 years of age and older, who cannot live at home without adequate support systems in place. The goal is to improve and maintain self-sufficiency and the ability to remain in the community by access to services.

Applicants must submit an original and three copies of its proposal responding to the Request for Proposal. Applications must either be mailed in or dropped off. The Executive Office on Aging will not accept faxed applications, e-mailed applications, or applications on diskettes. There will be no exceptions to this requirement.

All mail in applications must be addressed to the Executive Office on Aging, 250 South Hotel St, Suite 406, Honolulu, Hawaii 96813, and must be postmarked before 12:00 a.m. midnight on Wednesday, March 31, 2004.

The deadline for applications to be dropped off at the Executive Office on Aging is 4:00 p.m. Wednesday, March 31, 2004. An orientation meeting is scheduled for Thursday, March 11, 2004. Please refer to the orientation schedule in the RFP packet, Section 1, Page 1-2 for more information.

Applicants are encouraged to submit written questions prior to the orientation. The deadline to submit written questions is Friday, March 12, 2004 by 12:00 noon. All written questions will receive a written response from the State-purchasing agency. Written responses to all questions will be distributed by Friday, March 19, 2004.

Please direct all inquiries to Caroline Cadirao, RFP Contact person at the Executive Office on Aging, (808) 586-0100 or by fax at (808) 586-0185.

# **Section 1**

## **Administrative Overview**

## Section 1 Administrative Overview

Applicants are encouraged to read each section of the Request for Proposal (RFP) thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *this* RFP.

### I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F, Health and Human Services and its Administrative Rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal shall constitute admission of such knowledge on the part of the prospective applicant.

### II. RFP Organization

The RFP is organized into five sections:

***Section 1, Administrative Overview***--Provides applicants with an overview of the procurement process.

***Section 2, Service Specifications***--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

***Section 3, POS Proposal Application***--Describes the required format and content for the proposal application.

***Section 4, Proposal Evaluation***--Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments*** --Provides applicants with information and forms necessary to complete the application.

### III. Contracting Office

The Contracting Office through the Area Agency on Aging is responsible for overseeing the contracts resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Executive Office on Aging  
Department of Health, State of Hawai'i  
250 South Hotel Street, Suite 406  
Honolulu, Hawaii 96813-2831  
Phone: (808) 586-0100  
Fax: (808) 586-0185

### IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	March 2, 2004
Distribution of RFP	March 2, 2004
RFP orientation session	March 11, 2004
Closing date for submission of written questions for written responses	March 12, 2004
State purchasing agency's response to applicants' written questions	March 19, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	March 31, 2004
Discussions with applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	April 9, 2004
Proposal evaluation period	April 1-20, 2004
Provider selection and award	April 20, 2004
Notice of statement of findings and decisions	April 30, 2004
Contract start date	July 1, 2004

### V. Orientation

The Orientation is scheduled for Thursday, March 11, 2004 at the Executive Office on Aging (EOA) located at 250 South Hotel St. Suite 406, Honolulu, Hawaii 96813. The orientation will be from 10:00 a.m. to 11:30 a.m. in the EOA's Conference Room 410.

Applicants are encouraged to submit written questions prior to the orientation. During the orientation in promptu questions will be permitted and spontaneous answers provided

at the discretion of the state purchasing agency. Verbal answers provided are only intended as general direction and may not represent the state purchasing agency's position. To ensure a written response, oral questions must be submitted in writing.

## VI. Submission of Questions

Applicants may submit written questions to Caroline Cadirao, RFP Contact Person. The deadline for submission of written and faxed questions is 12 Noon H.S.T., on Friday, March 12, 2004. All written questions will receive a written response from the state-purchasing agency by Friday, March 19, 2004.

## VII. Submission of Proposals

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment B) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency. Proposals must contain the following components:

- (1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application, including a cost proposal/budget. (Refer to Section 3 of this RFP.)
- (2) ***Competitive POS Application Check List*** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.
- (3) ***Registration Form (SPO-H-100A)*** – If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their pre-registration status, they may call the State Procurement Office at 587-4705 or visit the SPO website at [www2.state.hi.us/spo](http://www2.state.hi.us/spo). Once at the State Procurement Office website, click on Health and Human Services, then The Registered List of Private Providers for Use with the Competitive Method of Procurement.
- (4) ***Tax Clearance Certificate (Form A-6)*** - For this RFP, an original **or** certified copy of a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) **and** the Internal Revenue Service (IRS) **shall be submitted** with the Applicant's proposal(s). The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.
- (5) ***Certifications*** - Federal and/or State certifications, as applicable.

- (6) ***Program Specific Requirements*** - Additional program specific requirements are included in Sections 2, Service Specifications and Section 3, POS Proposal Application, as applicable.

**One original and 3 copies of the proposal are required.** Proposals must be postmarked or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time **shall be rejected.**

### **VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline**

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

### **IX. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

### **X. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

### **XI. Final Revised Proposals**

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by Friday, April 9, 2004 at 4:00 p.m. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the applicant shall submit the section(s) of the proposal that are amended, along with the POS Proposal Application Title Page (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

## **XII. Cancellation of Request for Proposal**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

## **XIII. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

## **XIV. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

## **XV. Rejection of Proposals**

The State reserves the right to consider proposals acceptable if they are in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)
- (2) Rejection for inadequate accounting system. (Section 3-141-202)
- (3) Late proposals (Section 3-143-603)
- (4) Inadequate response to request for proposals (Section 3-143-609)
- (5) Proposal not responsive (Section 3-143-610 (1))
- (6) Applicant not responsible (Section 3-143-610 (2))



## **XVI. Opening of Proposals**

Upon receipt of a proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline. Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **XVII. Notice of Award**

A Notice of Award containing a statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

## **XVIII. Protests**

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. Protests regarding awards of contracts and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. Only the following matters may be protested:

- (1) a state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

### **Head of the Purchasing Agency**

Pat Sasaki, Executive Director  
Executive Office on Aging  
250 S. Hotel St. Suite 406  
Honolulu, HI 96813  
(808) 586-0100 or fax (808) 586-0185

## **XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes, and subject to the availability of State funds.

## **XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

## **XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are contained in the POS Manual. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

## **XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

## **Section 2**

# **Service Specifications**

## **Section 2**

### **General Service Specifications for Kupuna Care**

#### **I. Introduction**

##### **A. Background**

In 1965, Congress passed the Older Americans Act. The Act created a nationwide “Aging Network” to assist older adults in meeting their physical, social, mental health, and other needs to maintain their well being and independence.

The Administration on Aging, U. S. Department of Health and Human Services, serves as the leader of the Aging Network at the federal level. It is responsible for the administration of the Older Americans Act.

In each state, there is a State Unit on Aging. The Executive Office on Aging (EOA) is the designated lead agency for the State of Hawaii. EOA is the leader relative to all aging issues on behalf of older adults in the state. The EOA’s primary mission is the well-being of the State’s 207,000 older adults, 60 years of age and older. To carry out this mission, the EOA’s primary responsibilities include:

- provision of statewide leadership for the development and review of policies and programs for older adults;
- development of a State Plan for submission to the U. S. Administration on Aging enabling the state to receive allotments under the Older Americans Act;
- procurement of State general funds to match and carry out the State Plan;
- dissemination of aging policies and information;
- recognition of older adults as resources;
- recognition of aging as an intergenerational issue for society at large;
- maintenance of an efficient statewide database system to identify and define the aging population in Hawaii; and
- oversight of a client-driven, comprehensive home and community based system of services.

As the State agency, the EOA has designated planning and service areas (PSA) for purposes of planning, development, service delivery and overall administration of services. Within the State of Hawaii, four county offices on aging serve as the designated Area Agencies on Aging (AAA). These AAAs are responsible for the development of an area plan for their respective county. The goals of the AAA are to administer a comprehensive and coordinated system of services to meet the needs of older adults living in respective counties.

## **B. Hawaii's Aging Population and their Needs**

Hawaii's elders represent the fastest growing segment of the total population. Approximately 207,000 elderly persons represent 17.1% of the state's population. From 1990 to 2000, the elderly population in Hawaii grew by 19.2%, compared to 9.3% for the population as a whole. Of particular significance is the rapid growth of those older adults, 75 years and over. In 2000, the 75+ populations represented 36.4 % of the total elder population. From 1990 to 2000, this oldest cohort grew by 62.5%, from 46,352 to 75,339 individuals.

In 2000, approximately 72.9% of the State's total senior population resided in the City and County of Honolulu, 12.6% in the County of Hawaii, 9.4% in Maui County and 5.1% in Kauai County.

Hawaii's older adults have various health issues including at least one or more chronic conditions. It is estimated that approximately 15%, or 30,000 persons, have self-care and/or mobility limitations. Persons with self-care limitations are likely to have difficulty taking care of their own personal needs or performing one or more activities of daily living (ADL). ADLs include eating, bathing, dressing, transferring from bed to chair, controlling bowel and bladder, and moving about the house safely on their own, without personal assistance, supervision or cuing. Older adults with mobility limitations are likely to have difficulty in performing one or more instrumental activities of daily living (IADL), such as, preparing meals, shopping, taking medications, managing money, using the telephone, performing light and heavy housework, and using public transportation.

The Kupuna Care program targets the population not served by other government programs. Statistically, 1.9% of Hawaii's elderly population resides in nursing homes, compared to approximately 5% nationally. Therefore, the need for home and community based services intensifies for Hawaii's elderly population living in the community.

EOA has designated the eight core services of KUPUNA CARE as essential long-term care supports for persons with ADL and/or IADL deficits. They include:

- Adult Day Care – support for functionally impaired adults in a supervised daytime setting.
- Assisted Transportation – door-to-door transit service for those who cannot use regular transportation services.
- Attendant Care – companion assistance/oversight of older adults who are frail or have disabling conditions.
- Case Management – assistance to identify needs, explore options, and develop a care plan to achieve greater independence.
- Chore – assistance for those unable to perform yard work and heavy housework.
- Home Delivered Meals – nourishing meals delivered to the client's residence.
- Homemaker/Housekeeping – help for such things as preparing meals, grocery

shopping, managing money, using the telephone, doing light housework, and supervising medication intake.

- Personal Care – assistance to clients who are unable to bathe, eat, dress, toilet, and/or transfer from bed to chair by themselves.

### **C. Description of the Kupuna Care Program and its Services**

Kupuna Care is a state-sponsored program designed to meet the long term care needs of older adults unable to live at home without adequate help to perform their activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

The Kupuna Care program was launched on July 1, 1999. Kupuna Care was the result of a vision to increase visibility for older adults and their families to know where and how to find assistance when they needed it. By developing a stronger identity, the program garnered public support and generate resources through cost sharing, thereby serving more people at an affordable price. New program guidelines were put in place to increase accountability with improved management practices. The allocation of State funds for Kupuna Care is based on a policy decision by the EOA to use scarce resources to offer home and community based services.

The primary intent of Kupuna Care services is to improve or maintain older persons' quality of life, self sufficiency and ability to remain in their place of residence as long as possible, thereby delaying premature or unnecessary institutionalization. KUPUNA CARE encompasses several elements such as:

- an enhanced information and assistance program;
- a centralized service intake and authorization process;
- an eligibility criteria that targets the services to those in need;
- a clear and well defined set of services to support older adults to remain at home and in the community; and
- a cost sharing mechanism based on a sliding scale for determining the level of state Kupuna Care subsidies for services.

The goal of Kupuna Care is to provide Hawaii's older adults access to affordable and quality home and community-based services that are client-centered and family-supportive allowing them to live with independence and dignity." Objectives were formulated to measure quality assurance, client satisfaction of KC services received, and family caregiver satisfaction.

Kupuna Care strives toward statewide consistency in operational standards and practices that are client centered. Operational standards for Kupuna Care include timely service delivery, accuracy and efficiency, client service orientation, consideration of client preferences and priorities, and cultural sensitivity.

#### **D. Description of the Target Population To Be Served**

Clients in the Kupuna Care program and services must meet all of the following requirements:

- U. S. citizenship or legal residency
- 60 years of age or older
- Not covered by other comparable government or private home and community based services
- Not residing in an institution, such as ICF, SNF, ARCH, hospital, foster family home
- Limitations in two or more activities of daily living (ADL) or instrumental activities of daily living (IADL), or significantly reduced mental capacity
- Have one or more unmet ADL or IADL need

#### **E. Geographic Coverage of Services**

Kupuna Care Services are available statewide, which includes the City and County of Honolulu, and the counties of Kauai, Maui and Hawaii. For this RFP, the geographic coverage is the City and County of Honolulu. Potential clients for Adult Day Care services shall reside within the City and County of Honolulu.

The Applicant's Adult Day Care Center shall be centrally located in one of the following communities: Liliha, Nuuanu, Ala Moana, Kakaako, Downtown, Chinatown, Makiki, and Manoa .

#### **F. Funding, and Period of Availability**

The proposed funding for this service is \$30,000. The EOA will contract with the Elderly Affairs Division (EAD) for a twelve-month period effective July 1, 2004, through June 30, 2005, unless otherwise specified.

The EOA-EAD contract for all services is subject to the availability of State general funds. In addition to the availability of State general funds, funding for services will be subject to the availability of and need for the service, and the satisfactory evaluation of the provider's performance.

The EOA, through the Elderly Affairs Division, reserves the right to reallocate all or part of the initial award to an agency, if there is a pattern of service underutilization, if there is a wait list for service, and/or if an agency is not able to carry out the provision of services by the end of the fiscal period.

## II. General Requirements

### A. Specific qualifications or requirements.

1. Qualifications and/or Requirements
  - a. The Applicant shall have license(s) and/or certificate(s), as applicable, in accordance with federal, State and county regulations and shall include copies of current applicable license(s) and certificate(s) with the proposal.
  - b. The Applicant must have operated an Adult Day Care Center for at least one year. The Applicant shall demonstrate experience working with frail older adults. Preference will be given to an Applicant currently serving a majority of older adults, ages sixty and older.
  - c. The Applicant's Adult Day Care Center shall be centrally located in one of the following communities: Liliha, Nuuanu, Ala Moana, Kakaako, Downtown, Chinatown, Makiki and Manoa. The Applicant shall have the capacity to serve a minimum of 30 clients throughout the 12-month period.
  - d. The Applicant is expected to provide adequate information on how the minimum specifications and standards described in **Section 2, III. Scope of Work** will be met.
  - e. The Applicant is responsible for providing the necessary staff, equipment, vehicles and facilities that will be required in the carrying out of the scope of service delineated in the RFP. The Applicant shall include in its application an assurance that such resources shall be provided throughout the contract period.
  - f. The Applicant must complete the POS Proposal Application Forms, SPO-H-200 and SPO-H-200A, which can be found in the SPO 103F Manual.
  - g. The Applicant shall comply with the Cost Principles of Chapter 103F, HRS, as set forth in the SPO 103F Manual (document SPO-H-201) and other specific cost principles specified by the EOA under this section. The EOA reserves the right to disapprove any cost item(s) it deems not necessary to carry out the RFP scope of services.
  - h. Additional unallowable costs identified by the EOA for this RFP (unless Applicant provides compelling justification) include:
    - a) Out-of-state travel,
    - b) Neighbor island travel,
    - c) Equipment not used by the client, and
    - d) Motor vehicles.
  - i. The Applicant must prepare a line item budget using the appropriate SPO-H-205 and



-206(A-H) forms, for the twelve-month period. These forms can be found in Section 5, Attachments. If other sources of funds (public or private) are a part of the overall cost for this RFP service, the Applicant must provide information on the other sources of funds in its application. This information must be included on the SPO-H-205 budget form.

- j. The Applicant must follow all fiscal and program instructions issued by the EOA and the Elderly Affairs Division throughout the contract period.

2. Program Data Collection and Reporting Requirements

- a. The Applicant is responsible for the initial intake and assessment of clients into the program.
- b. The Applicant must provide client intake information in the form and format requested by the Elderly Affairs Division. These reports will include, but are not limited to, statistical data, program narrative, financial or billing reports, and any other reports requested by the EOA or the contracting Elderly Affairs Division.

3. Program Reports

- a. The Awarded Applicant is responsible for maintaining complete and current client intake information. The required program data and reports are due on the dates specified by the Elderly Affairs Division.
- b. The Awarded Applicant's program reports will include the collection of data, such as client intake and service utilization. The frequency of these reports may be monthly, quarterly, year-end, and final reports in which the Provider summarizes and analyzes the required outcome and output data, and reports on the accomplishments and challenges.

4. Billing Reports

The Awarded Applicant is responsible for maintaining complete and current fiscal data and reports pertaining to the service(s) provided. The Awarded Applicant of this service will be reimbursed for authorized services delivered excluding the client co-payment amount (cost share), if applicable. The required fiscal data and reports, such as the request for reimbursement/invoices, shall be submitted as specified by the Elderly Affairs Division. Data reports must accompany the invoice for payment and must be submitted as specified in the contractual agreement. Failure to collect and submit required data and reports in a timely manner might result in a delay or withholding of payment.

5. Year End Reports

The Awarded Applicant will submit a narrative report, summarizing the progress of the service at the end of the contract period, and including a discussion on the effectiveness of this service to meet the needs of the clients served and its impact on the outcomes of this service. The Elderly Affairs Division will provide the timeline for this report.

**B. Secondary Purchaser Participation**

There is no planned secondary purchaser. However, it does not preclude an after-the-fact secondary purchase, whereby another State agency can use the existing proposal for service consideration.

**C. Multiple or Alternate Proposals**

\_\_\_ Allowed X Unallowed

**D. Single and Multiple Contracts to be Awarded**

X Single \_\_\_ Multiple \_\_\_ Single and Multiple

**E. Single and/or Multi-term Contracts to be Awarded**

X Single term (< 2 yrs.)

\_\_\_ Multi-term (> 2 yrs.)

**F. RFP Contact Person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection is completed.

EOA Staff: Caroline Cadirao  
RFP Contact Person  
Executive Office on Aging  
250 S. Hotel Street, Room 406  
Honolulu, Hawaii 96813-2831  
Phone: (808) 586-7267  
Fax: (808) 586-0185

E-mail: [cmcadira@mail.health.state.hi.us](mailto:cmcadira@mail.health.state.hi.us)

### **III. Scope of Work**

Adult Day Care is one of the eight services of the KUPUNA CARE Program, designed to meet the needs of frail older adults wishing to remain independent in their own residences. Adult Day Care provides supportive services for functionally impaired adults in a supervised, protective and congregate setting during any part of a day, but less than 24 hours. Services may include social and recreational activities, training, counseling, meals, and personal care services.

Adult Day Care service has been provided in the City and County of Honolulu on a very limited basis. Because this Request for Proposal is new, Adult Day Care services for this contract period will be on a demonstration basis. Adult Day Care services are available to new caregivers/clients exploring the need for service, caregivers needing respite, and clients and caregivers who cannot afford the full cost of day care.

The funding level for this 12-month period is **\$30,000**. The Applicant(s) shall describe how many units of service it will deliver with the funds provided for the 12-month period. A unit of service is one day (8 hours) of adult day care. The Applicants(s) shall serve a minimum of 30 unduplicated clients during the 12-month period. The maximum allocation per client is \$1000. However, if extenuating circumstances persists and just cause is determined by the Elderly Affairs Division in consultation with the Executive Office on Aging, the maximum allocation may be waived.

The selected Applicant is expected to provide service as of the contract start date, and provide consistent, uninterrupted service throughout the contracting period. The Applicant must be specific on the level of service it proposes by addressing how many units (one-day units) of Adult Day Care services it will provide with the funds awarded. Additional units of service will be required for the voluntary donations and cost share payments collected by the Applicant.

Eligible clients may come from all areas within the City and County of Honolulu. The Center shall have the capacity to expand and accept a minimum of 30 unduplicated clients throughout the year.

The awarded Applicant will collaborate with the Elderly Affairs Division (EAD) and the KUPUNA CARE Case Management provider to receive clients into the program. Priority will be given to referrals from EAD and the KUPUNA CARE Case Management provider. The Elderly Affairs Division will be the lead agency in coordinating the referral process.

#### **A. Service Activities**

The Applicant is expected to address in its application the following tasks and responsibilities which are specifically related to the Adult Day Care service.

1. Accept clients referred by the Elderly Affairs Division and/or the KUPUNA CARE Case Management provider.
2. Develop a care plan for the provision of adult day care service.
3. Collaborate and coordinate with other service providers that serve the same client, as appropriate.
4. Reassess the client and review the service plan on a regular basis or on a pre-determined schedule, and as needed.
5. Record service units for each client.
6. Coordinate transportation to and from the facility, as needed.
7. Provide a structured program that includes health and social support services in a safe, protective and congregate setting.
8. Provide leadership, assistance and supervision of the client's participation in appropriate program activities.
9. Provide leisure, recreational and socialization activities that promote interaction between staff clients, and other participants.
10. Provide physical conditioning exercises to strengthen and improve limb and motor coordination. Individual and group activities may include calisthenics, constructive games, crafts that will maximize the client's physical and mental capacities.
11. Provide reminders, encouragement and assistance to enable the client to maintain or improve personal hygiene, self-care and attention to health care needs.
12. Provide observation and feedback to supervisors/primary caregiver on changes in client's health or social situation.

## **B. Management Requirements**

The Applicant is expected to address in its Proposal its plans to carry out the following Personnel and Administrative Standards, Quality Assurance and Evaluation Specifications, and Output Measurements. The Applicant may expand the Scope of Services and apply more stringent standards. Consideration will be given to these initiatives in the rating of the application.

### **1. Personnel Standards**

- a) All personnel staff must be trained, screened and deemed competent by the Applicant to provide the service as described in the job description.
- b) All personnel staff, and volunteer workers if applicable, must be of good character and integrity.
- c) All personnel staff, and volunteer workers if applicable, shall provide at least two non-family references. All references (written and verbal) must be contacted and the results documented in the staff/volunteer's personnel record folder.
- d) All personnel staff, and volunteer workers if applicable, must be qualified to work with functionally and cognitively impaired older persons, either through training or experience, and as described in the job description.
- e) All personnel staff, and volunteer workers if applicable, must attend an orientation/training provided by the Applicant. The orientation/training shall

include, at a minimum, safety and emergency situations and ethical factors to carry out their work assignments.

- f) All personnel staff, and volunteer workers if applicable, must be culturally sensitive to the ethnic groups represented in the client population.
- g) All personnel staff and volunteer positions must have a written job description and shall be attached and identified in the proposal as Part III, B, 3.1, Personnel Job Description and/or Volunteer Job Description.
- h) The Applicant shall provide an organizational chart and describe its approach and rationale for the structure, functions, and staffing of proposed organization for the overall service activities and tasks. The chart shall be attached and identified in the proposal as Part III, B, 3.2, Organizational Chart.
- i) The Applicant must provide all personnel staff, and volunteer workers if applicable, with an agency/provider Identification Card or badge. The card or badge shall include the name of the agency, the staff/volunteer's name, date of issuance, and photograph. The staff/volunteer must display the identification piece when working with the clients.

## 2. Administrative Standards

- a) The Applicant must be an Adult Day Care facility licensed by the Department of Human Services, as appropriate.
- b) The Applicant must have procedures to receive and accept clients into its program.
- c) The Applicant must have a procedure to receive authorization from their respective AAA or its designee to provide service.
- d) The Applicant must maintain a record of the number of service hours: the client's name, birth date, and Social Security number (or unique identifier number) for each client served.
- e) The Applicant must have written policies and procedures to keep client information confidential.
- f) The Applicant shall deliver the stated service in a timely fashion. The Applicant in its Proposal shall explain the timeliness in service delivery (i.e. number of days it normally takes from the request to the delivery of service), and what steps the Applicant will take if the service cannot be delivered within a specified number of days.
- g) The Applicant must maintain a list of clients waiting for adult day care service and a list of related unmet needs identified by the client. The count and reasons for clients remaining on the waitlist are to be submitted monthly, and plans and timeline for reducing the wait list numbers are to be identified.
- h) The Applicant must have written termination and grievance policies and procedures that are consistent with the Area Agency's policies and procedures. All clients must receive copies of the termination and grievance policies during the initial assessment.
- i) The Applicant may terminate services according to the specifications in the individual care or service plan, or by the wishes of the client and/or the

- caregiver, or by agreement between client and the service provider.
- j) The Applicant shall inform clients that they may be asked to participate in research studies to measure the effectiveness and quality of the service they have received and to explore possible services the State and County may offer.
  - k) The Applicant will acknowledge that partial funding is provided through the KUPUNA CARE program.
  - l) The Applicant must have a mechanism to promote service quality. The Applicant must conduct an evaluation of efficiency, effectiveness and quality of service, including evaluation by the client.
  - m) The Applicant shall include information on the address of its facility(s) and the hours and days of operation. If the Applicant plans to subcontract for services, the name(s) and qualifications of the subcontractor(s) must be identified in the application.
  - n) The Applicant shall provide information about its capacity to collaborate and coordinate with other service agencies to improve the comprehensive services for older clients.
  - o) The Applicant shall include information about its private and governmental resources it has applied for and/or has received.
  - p) The Applicant shall address if has submitted or plans to submit any other Purchase of Service (POS) applications to other State agencies for the **same** service.
  - q) The Applicant shall address its capacity to keep financial and program records for this RFP separate from other funds and contracts it administers.
  - r) The Applicant must collect cost share and/or voluntary contributions as identified by EOA and provide additional units of service for voluntary contributions.
  - s) The Applicant shall maintain insurance for comprehensive liability, workers compensation, and adequate insurance for volunteers for the life of the contract period in the amounts specified by the Area Agency on Aging.

### 3. Quality Assurance and Evaluation Specifications

The Applicant must describe its methods to assure the EOA that the client's service is appropriate and responsive to the needs assessment of the client.

The Applicant must include the tools intended for use in planning, evaluating and improving the results of this service. Copies shall be attached to the application identified as Part III.B.3. Quality Assurance and Evaluation Tools.

### 4. Adult Day Care Output Measurements

The Applicant(s) shall describe the number of units of service (one-day/eight hours) throughout the 12 month period. The Applicants(s) shall serve a minimum of 30 unduplicated clients through the contract period.

5. Pricing Methodology to be used

This RFP is based on a negotiated unit rate. The Applicant shall describe the number of units of service it will provide with the \$30,000 during the 12-month period. The Applicant shall explain the cost for a unit of service. Applicants pricing methodology will be evaluated on its competitiveness and reasonableness.

## **Section 3**

# **POS Proposal Application**



## Section 3

### POS Proposal Application

#### General instructions for completing POS proposal applications:

- Proposals shall be submitted to the Executive Office on Aging using the prescribed format outlined in this section.
- Proposals shall retain the numerical outline of the application, the titles/subtitles, and the Applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.
- Proposals shall have consecutive page numbering, beginning with page one and continuing through the proposal.
- Proposals may be submitted in a three ring binder (Optional).
- Proposals must be tabbed to segregate each section of the proposal.
- Proposals must include a Table of Contents. A sample format is reflected in Section 5, Attachment A of this RFP.
- Proposals must contain written responses for **each** item unless otherwise indicated. Failure to answer any of the items will impact upon an Applicant's score.
- Applicants are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.
- Applicants are encouraged to view the State Procurement Website [www2.state.hi.us/spo](http://www2.state.hi.us/spo) for sample forms needed to complete its proposal. However, the sample forms will not include items specific to each RFP. If using the forms from the website, the Applicant must include the items listed in this section.

#### The POS Proposal Application comprises the following sections:

- Title Page
- Table of Contents
- Background and Summary
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery
- Financial
- Other

#### I. Background and Summary (10 Points)

This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. Include a brief description of the Applicants' organization, the organization

goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

## **II. Experience and Capability (20 Points)**

### **A. Necessary Skills and Experience**

The Applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.

The Applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

The Applicant must have operated a business of similar scope and magnitude as required by the RFP for at least one year.

### **B. Quality Assurance and Evaluation**

The Applicant shall describe its quality assurance and evaluation plans for the proposed services, including methodology.

### **C. Coordination of Services**

The Applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

### **D. Facilities/Equipment/Vehicles**

The Applicant shall provide a description of its facilities, equipment, and vehicles, if applicable and demonstrate its adequacy in relation to the proposed services. If facilities/equipment/vehicles are not presently available, describe plans to secure facilities/equipment/vehicles.

The Applicant shall describe how the facilities and the vehicles meet ADA requirements, as applicable and special equipment that may be required for the services.

Each Applicant must address its capability to meet data collection and reporting requirements as described in Section 2: Service Specifications.

## **III. Personnel: Project Organization and Staffing**

**A. Proposed Staffing**

The Applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. See personnel requirements in Section 2: Service Specifications.

**B. Staff Qualifications**

The Applicant shall provide the minimum qualifications, including experience, for staff assigned to the program. Refer to the qualifications in Section 2: Service Specifications.

**C. Supervision and Training**

The Applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Refer to the supervision and training specifications contained in the Section 2: Service Specifications.

**D. Organization Chart**

The Applicant shall reflect the position of each staff and line of responsibility/supervision. Please include position title, name and full time equivalency.

The Applicant shall include in its proposal the “Organization-wide” and “Program” organization charts. These shall be attached to the POS Proposal Application.

**IV. Service Delivery (50 Points)**

The Service Delivery Section shall include a detailed discussion of the Applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work, assignments, responsibilities, and timelines/schedules.

The Applicant shall provide a detailed discussion of all service activities and management requirements included in Section 2, Service Specifications, Item III. Scope of Work. The Applicant shall describe its approach to carry out all major service activities and tasks described in this section. The use of personnel described above to accomplish the work, include the number of persons and attach the job descriptions for the personnel. Information on the number of units of

service in total which the Applicant can provide, the areas of the county where it can provide this service, and the estimated unit cost to the state.

## **V. Financial (10 Points)**

### **A. Pricing Structure**

The Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application.

The EOA will use the following pricing structure for each POS service.

#### **Pricing Structure Based on Unit of Service/Negotiated Unit of Service**

In order to determine a price (unit rate) for a unit of service, the Applicant and state purchasing agency must negotiate the total costs (including direct costs related to administering the service) for operating a program at a specific capacity and divide by the total number of units of service that the program can produce at that capacity. The following form(s) that are contained in the POS manual shall be submitted with the POS Proposal Application:

#### **SPO-H-205, SPO-H-206 through 206-H forms, as applicable**

The Applicant is reminded to refer to the Cost Principles found the 103F Manual. Additional unallowable cost items as identified by the Executive Office on Aging include:

- a) Out of State Travel
- b) Neighbor Island Travel
- c) Equipment, not used by the client
- d) Motor vehicles.

### **B. Other Financial Related Materials**

#### **Accounting System**

In order to determine the adequacy of the Applicant's accounting system as described under the Administrative Rules, [3-141-202-(b)] the Applicant must describe its accounting system and attach a most recent external, independent, financial audit report conducted by an independent auditor.

An extension to submit a pending audit is not allowed due to the start date of the July 1, 2004.

## **VI. Other**

### **A. Litigation**

The Applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

## **Section 4**

# **Proposal Evaluation**

## Section 4 Proposal Evaluation

### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of POS Proposal Application
- Phase 3 - Recommendation for Award

#### A. Evaluation Categories and Threshold

##### Evaluation Categories

##### Possible Points

##### **Mandatory Requirements**

##### **Pass or Rejected**

##### ***POS Proposal Application***

##### **100 Points**

Background and Summary	10 points
Experience and Capability	20 points
Personnel: Project Organization and Staffing	10 points
Service Delivery	50 points
Financial	10 Points

##### **TOTAL POSSIBLE POINTS**

##### **100 Points**

### **III. Evaluation Criteria**

#### **A. Phase 1 - Evaluation of Proposal Requirements**

##### **(1) *Mandatory Administrative Requirements***

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Tax Clearance Certificate
- Certifications, as applicable

##### **(2) *Mandatory POS Proposal Application Requirements***

- POS Application Title Page
- Table of Contents
- Background and Summary
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

#### **B. Phase 2 - Evaluation of POS Proposal Application (100 Points)**

##### **(1) *Background and Summary (10 Points)***

- The Applicant has demonstrated a thorough understanding of the purpose and scope of the service activity
- The goals and objectives are in alignment with the proposed service activity
- The Applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.

##### **(2) *Experience and Capability (20 Points)***

The State will evaluate the Applicant's experience and capability relevant to the proposal contract, which shall include:

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.



- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
- Demonstrated capability to coordinate services with other agencies and resources in the community.
- Adequacy of facilities relative to the proposed services.

**(3) *Personnel: Program Organization and Staffing (10 Points)***

The State will evaluate the Applicant's overall staffing approach to the service that shall include:

- The proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services
- The minimum qualifications (including experience) for staff assigned to the program.
- The ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart (Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks).

**(4) *Service Delivery (50 Points)***

Evaluation criteria for this section will assess the Applicant's approach to the service activities and management requirements outlined in the POS Proposal Application.

- The proposed service delivery method is appropriate to meet the objectives and goals as indicated in the Scope of Work.
- The services are comprehensive and include outreach strategies and plans to reach targeted population.
- The proposal clearly describes the services for clients from point of entry to termination and address quality assurance of the service delivery.
- The Applicant demonstrates the ability to meet the projected short term and long term outcomes as stated.

- The timeline to achieve the outcomes are reasonable.

**(5) Financial (10 Points)**

Pricing structure based on negotiated unit of service:

- Competitiveness and reasonableness of unit of service, as applicable.
- Adequacy of accounting system

**IV. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each Applicant.

## Section 5

### Attachments

## POS Proposal Application Table of Contents

<b>I.</b>	<b>Background and Summary .....</b>	<b>1</b>
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C.	Coordination of Services .....	4
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<b>III.</b>	<b>Personnel: Project Organization and Staffing</b>	
A.	Proposed Staffing.....	6
B.	Staff Qualifications .....	7
C.	Supervision and Training.....	8
D.	Organization Chart (Program & Organization-wide - attached)	
<b>IV.</b>	<b>Service Delivery.....</b>	<b>9</b>
<b>V.</b>	<b>Attachments</b>	
<b>A.</b>	<b>Cost Proposal</b>	
1.	SPO-H-205 Proposal Budget	
2.	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
3.	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
4.	SPO-H-206C Budget Justification - Travel: Interisland	
5.	SPO-H-206E Budget Justification - Contractual Services - Administrative	
<b>B.</b>	<b>Other Financial Related Materials</b>	
1.	Financial Audit for fiscal year ended June 30, 1991.	
<b>C.</b>	<b>Performance and Output Measurement Tables</b>	
1.		
<b>D.</b>	<b>Program Specific Requirements</b>	
1.		

## Competitive POS Application Checklist

Applicant: \_\_\_\_\_

RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. \*SPO-H Forms are located on the web at <http://www.spo.hawaii.gov> Click on *Procurement of Health and Human Services* and then on *Procurement Forms & Instruction for Private Agencies*.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
1. POS Proposal Application Title Page (SPO-H-200)	Section 1, RFP	SPO Website*	X	
2. Competitive POS Application Checklist	Section 1, RFP	Attachment A	X	
3. Table of Contents	Section 5, RFP	Section 5, RFP	X	
4. POS Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
5. Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Pre-Registered)	
6. Tax Clearance Certificate (Form A-6)	Section 1, RFP	SPO Website*		
7. Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website*		
SPO-H-205B	Section 3, RFP	SPO Website*		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
8. Federal Certifications	Section 1, RFP	Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace Requirements		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				
9.				
10.				

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



STATE OF HAWAII  
**STATE PROCUREMENT OFFICE**  
**REGISTRATION STATEMENT**  
**OF HEALTH AND HUMAN SERVICE PROVIDER RESPONSIBILITY**  
**(CHAPTER 103F, HRS)**

**1. APPLICANT INFORMATION:**

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

**2. CONTACT PERSON FOR MATTERS INVOLVING THIS STATEMENT:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

**3. ADDRESS:**

Street Address:

Mailing Address:

**4. TYPE OF BUSINESS ENTITY:**

- ☐ NON PROFIT CORPORATION  
☐ FOR PROFIT CORPORATION  
☐ LIMITED LIABILITY COMPANY  
☐ SOLE PROPRIETORSHIP  
☐ PARTNERSHIP

**5. GEOGRAPHIC AREA(S) APPLICANT IS INTERESTED IN SERVING:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> EAST HAWAI'I | <input type="checkbox"/> KAUAI          |
| <input type="checkbox"/> WEST HAWAI'I | <input type="checkbox"/> LEEWARD O'AHU  |
| <input type="checkbox"/> MAUI         | <input type="checkbox"/> CENTRAL O'AHU  |
| <input type="checkbox"/> MOLOKA'I     | <input type="checkbox"/> WINDWARD O'AHU |
| <input type="checkbox"/> LANA'I       | <input type="checkbox"/> HONOLULU       |

**6. GENERAL POPULATION(S) APPLICANT IS INTERESTED IN SERVING:**

- ☐ CHILDREN: 0-3 YEARS OF AGE  
☐ CHILDREN: 3-5 YEARS OF AGE  
☐ CHILDREN: 5-10 YEARS OF AGE  
☐ CHILDREN: 10-12 YEARS OF AGE  
☐ ADOLESCENTS: 12-18 YEARS OF AGE  
☐ ADOLESCENTS AND ADULTS: 18-21 YEARS OF AGE  
☐ ADULTS: 21-59+ YEARS OF AGE  
☐ ELDERS: 60+ YEARS OF AGE  
☐ FAMILIES  
☐ OTHER \_\_\_\_\_

**7. SPECIAL POPULATION(S) APPLICANT IS INTERESTED IN SERVING:**

- ☐ CHILDREN WITH SPECIAL NEEDS UNDER THE AGE OF 3  
☐ CHILDREN WITH SPECIAL NEEDS OVER THE AGE OF 3  
☐ INCARCERATED YOUTH  
☐ ADJUDICATED YOUTH RESIDING IN THE COMMUNITY  
☐ CHILDREN AND ADOLESCENTS IN NEED OF MENTAL HEALTH SERVICES  
☐ CHILDREN WHO HAVE BEEN HARMED OR ARE THREATENED WITH HARM AND THEIR FAMILIES  
☐ SERIOUSLY MENTALLY ILL ADULTS  
☐ PERSONS WITH DEVELOPMENTAL DISABILITIES/MENTAL RETARDATION  
☐ INCARCERATED ADULTS  
☐ ADULTS UNDER THE SUPERVISION OF THE COURTS  
☐ DEPENDANT OR DISABLED ADULTS OVER THE AGE OF 18  
☐ IMMIGRANTS/REFUGEES  
☐ OTHER \_\_\_\_\_

**STATE PROCUREMENT OFFICE**  
**REGISTRATION STATEMENT**  
**OF HEALTH AND HUMAN SERVICE PROVIDER RESPONSIBILITY**  
**(CHAPTER 103F, HRS)**

WHEREAS, the undersigned provider of health and human services (the "Provider") is interested in competing for contracts awarded by the State of Hawai'i (the "State") for the provision of health and human services to Hawai'i residents, and desires to make this Registration Statement of Provider Responsibility ("Statement") in an effort to help promote greater efficiency in the competitive purchase of service procurement process pursuant to chapter 103F, HRS; and

WHEREAS, this Statement covers only general factors governing the responsibility of providers, and individual state agencies may have more or less stringent requirements for establishing the responsibility of providers;

NOW, THEREFORE, the Provider makes the following statements and representations as evidence of the Provider's responsibility, compliance with applicable law, and sound business practices:

1. Tax Clearance Certificate. The Provider has obtained, or will obtain before any award of a contract to the Provider, a tax clearance certificate for both federal and state taxes.
2. Liability Insurance. The Provider has obtained, or will obtain before any award of a contract to the Provider, liability insurance in the amount of at least one million dollars (\$1,000,000).
3. Discrimination. The Provider is in compliance with all applicable federal, state, and county laws forbidding discrimination, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
4. Persons with Disabilities. The Provider is in compliance with all applicable federal, state, and county laws governing the treatment of persons with disabilities, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
5. Smoking. The Provider is in compliance with Chapter 328K, HRS, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
6. Drug-Free Workplace. The Provider is in compliance with the Drug Free Workplace Act of 1988, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
7. Licenses and Permits. The Provider has all licenses, certifications, and permits required by applicable federal, state, and county law in order to conduct the Provider's business, and shall maintain such licenses, certifications, and permits throughout the term of any contract awarded to the Provider by the State.

8. General Law. In addition to the areas specifically addressed in items 1-7 above, the Provider is in compliance with all applicable federal, state, and county law, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
9. Business Practices. The Provider conducts its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:
- a. fiscal or accounting policies and procedures, or both;
  - b. personnel policies and procedures;
  - c. program policies and procedures;
  - d. written policies required by applicable federal, state, or county law; and
  - e. client and employee grievance policies and procedures.
10. Documentation. In the event that the Provider decides to compete for the award of a contract with the State, the Provider will cooperate with any reasonable request from the State for documents supporting this Statement.
11. Duty to Update Registration Information. Whenever there is a change to a registered Provider's status, it is the duty of the provider to update documents submitted for registration within fifteen calendar days and shall be submitted to the State Procurement Office.

The undersigned authorized representative of the Provider certifies that this statement is true and correct to the best of the Provider's knowledge.

DATED: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Date) (City) (State)

Individuals:

Organizations:

\_\_\_\_\_  
(Typed Name of Individual)

\_\_\_\_\_  
(Typed Name of Organization)

\_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Social Security Number or Federal Taxpayer ID Number)

Its: \_\_\_\_\_  
(Position)

\_\_\_\_\_  
(State General Excise Tax Number)

\_\_\_\_\_  
(Federal Taxpayer I.D. Number or EIN)

\_\_\_\_\_  
(State General Excise Tax Number)



State Procurement Office  
1151 Punchbowl Street, #230-A  
Honolulu, Hawaii 96813

**Instructions for the  
Registration Statement  
of Health and Human Service Provider Responsibility  
(Chapter 103F, HRS)**

There are two requirements to register with the State Procurement Office:

1. Complete, sign and submit Form SPO-H 100A, Registration Statement of Health and Human Service Provider Responsibility. (See some quick tips about completing the form.)  
The completed form should be sent to the State Procurement Office, Health & Human Services Section at:  
1151 Punchbowl St., #230A  
Honolulu, HI 96813
2. Applicants must be registered and in good standing with the Hawaii Department of Commerce and Consumer Affairs (DCCA). The State Procurement Office checks good business standing with the DCCA by checking their website at <http://www.ehawaii.gov.org/dcca/cogs/exe/cog.cgi>. Please check the DCCA Business Registration-Certificate of Good Standing website before submitting your Form SPO-H-100A. If you are not registered with the DCCA, you may contact the Business Registration Division of the DCCA at (808) 586-2727 or check their website at: <http://www.BusinessRegistrations.com/>.

Exception:

Sole Proprietorships/Individuals- Sole proprietorships are not required to register with the DCCA.

**Tips About Completing Form SPO-H-100A,  
Registration Statement of Health and Human Service Provider Responsibility**

This form is fairly self explanatory.

Item	Title	Instructions/Explanation
1	Applicant Information	The "Legal Name" is the legal name of the business entity of the private provider. For sole proprietorships it is the sole proprietors legal name. "DBA" means doing business as. Sometimes a business is known by a name other than it's legal name.
2	Contact person	This is a person who can answer any questions about the business. The contact person for a business/private provider must not be state personnel with whom you conduct business.
3	Address	The "Business Address" is where the business is physically located. The "Mailing Address" is where all mail to the business should be sent. Sometimes the addresses are

State Procurement Office  
1151 Punchbowl Street, #230-A  
Honolulu, Hawaii 96813

**Instructions for the  
Registration Statement  
of Health and Human Service Provider Responsibility  
(Chapter 103F, HRS)**

		different.
4	Business entity	Check the appropriate business entity for your business.
5 6 7	Geographic Area, General Population, Special Population	Select all the choices that are appropriate for your business. This is for information only. Should you later decide you wish to serve a geographic area or population that you did not select, it will not keep you from competing for such contracts.
Pages 2-3		This is for your information should you compete for and be awarded a contract. The items listed (such as tax clearance and certificate of insurance) will be required at the time of the solicitation or contracting by the purchasing agency. (Check with the purchasing agency as to when they are required.) Do not send those items to the State Procurement Office. You only need to send the completed Form SPO-H-100A (3 pages) to the State Procurement Office.
Page 3	Signature	If you are applying as individual/sole proprietor complete the side marked "Individual." All other business should complete the side marked "Organizations."

Questions or comments? Contact:  
Mara Smith at 808.587.4704 or [mara.smith@hawaii.gov](mailto:mara.smith@hawaii.gov) or  
Corinne Higa at 808.587.4706 or [corinne.y.higa@hawaii.gov](mailto:corinne.y.higa@hawaii.gov).

Our website is:  
<http://www.spo.hawaii.gov>  
Click on Procurement of Health and Human Services

# STATE PROCUREMENT OFFICE

## POS PROPOSAL APPLICATION TITLE PAGE

STATE AGENCY ISSUING RFP: \_\_\_\_\_

RESPONSE TO RFP#: \_\_\_\_\_ RFP TITLE: \_\_\_\_\_

Check one:

☐ INITIAL POS PROPOSAL APPLICATION☐ FINAL REVISED PROPOSAL (COMPLETED ITEMS \_\_\_\_\_ - \_\_\_\_\_ ONLY)**1. APPLICANT INFORMATION:**

LEGAL NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:**

NAME \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

e-mail \_\_\_\_\_

**3. TYPE OF BUSINESS ENTITY:**

- ☐ NON PROFIT CORPORATION  
☐ FOR PROFIT CORPORATION  
☐ LIMITED LIABILITY COMPANY  
☐ SOLE PROPRIETORSHIP  
☐ PARTNERSHIP

**4. FEDERAL TAX ID #:** \_\_\_\_\_**5. STATE TAX ID #:** \_\_\_\_\_**6. SSN (IF AN INDIVIDUAL):** \_\_\_\_\_**7. DESCRIPTIVE TITLE OF APPLICANT'S PROGRAM:****8. TARGET GROUP:****9. GEOGRAPHIC AREA(S) APPLICANT IS ABLE TO SERVE:**

- ☐ EAST HAWAI'I ☐ KAUAI  
☐ WEST HAWAI'I ☐ LEEWARD O'AHU  
☐ MAUI ☐ CENTRAL O'AHU  
☐ MOLOKA'I ☐ WINDWARD O'AHU  
☐ LANA'I ☐ HONOLULU

**10. GENERAL POPULATION(S) APPLICANT IS ABLE TO SERVE:**

- ☐ INFANTS AND TODDLERS: 0-3 YEARS OF AGE  
☐ CHILDREN 3-5 YEARS OF AGE  
☐ CHILDREN: 5-10 YEARS OF AGE  
☐ ADOLESCENTS: 10-18 YEARS OF AGE  
☐ ADOLESCENTS & ADULTS: 18-21 YEARS OF AGE  
☐ ADULTS: 21-59+ YEARS OF AGE  
☐ ELDERS: 60+ YEARS OF AGE  
☐ FAMILIES

**11. FUNDING REQUEST:**

FY \_\_\_\_:

FY \_\_\_\_:

FY \_\_\_\_:

FY \_\_\_\_:

TOTAL: \_\_\_\_\_

**12. LICENSING AND BUSINESS STATUS QUALIFICATION:**

- ☐ APPLICANT IS PREREGISTERED.  
☐ APPLICANT IS NOT PREREGISTERED-FORM SPO-H-100A AND  
 REQUIRED DOCUMENTATION IS ATTACHED.

TYPE NAME &amp; TITLE OF AUTHORIZED REPRESENTATIVE:

\_\_\_\_\_  
AUTHORIZED SIGNATURE\_\_\_\_\_  
NAME & TITLE\_\_\_\_\_  
DATE SIGNED

## **POS Proposal Application**

### **I. Background and Summary**

### **II. Experience and Capability**

#### **A. Necessary Skills and Experience**

#### **B. Quality Assurance and Evaluation**

#### **C. Coordination of Services**

#### **D. Facilities**

### **III. Personnel: Project Organization and Staffing**

**A. Proposed Staffing**

**B. Staff Qualifications**

**C. Supervision and Training**

**D. Organization Chart**

Both the “Organization-wide” and “Program” organization charts shall be attached to the POS Proposal Application.

**IV. Service Delivery**

## **V. Financial**

### **A. Pricing Structure**

The following budget form(s) are submitted with the POS Proposal Application:

### **B. Other Financial Related Materials**

## **VI. Other**

### **A. Litigation**

# BUDGET

(Period \_\_\_\_\_ to \_\_\_\_\_)

Applicant/Provider: \_\_\_\_\_

RFP No.: \_\_\_\_\_

Contract No. (As Applicable): \_\_\_\_\_

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
<b>TOTAL (A+B+C+D)</b>				
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Budget Request		Name (Please type or print) _____ Phone _____		
(b)				
(c)		Signature of Authorized Official _____ Date _____		
(d)		Name and Title (Please type or print) _____		
<b>TOTAL REVENUE</b>		For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

# ORGANIZATION - WIDE BUDGET BY SOURCE OF FUNDS

(Period \_\_\_\_\_ to \_\_\_\_\_)

Applicant/Provider: \_\_\_\_\_  
 RFP No.: \_\_\_\_\_  
 Contract No. (As Applicable): \_\_\_\_\_

BUDGET CATEGORIES	Total Funds (a)	(b)	(c)	(d)
<b>A. PERSONNEL COST</b>				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
<b>TOTAL PERSONNEL COST</b>				
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
<b>TOTAL OTHER CURRENT EXPENSES</b>				
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>TOTAL (A+B+C+D)</b>				
<b>SOURCES OF FUNDING</b>		Budget Prepared By: _____ Name (Please type or print) _____ Phone _____ Signature of Authorized Official _____ Date _____ Name and Title (Please type or print) _____ For State Agency Use Only Signature of Reviewer _____ Date _____		
(a) Total Funds				
(b)				
(c)				
(d)				
<b>TOTAL REVENUE</b>				



## BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant/Provider: \_\_\_\_\_  
 RFP No.: \_\_\_\_\_ Period: \_\_\_\_\_ to \_\_\_\_\_ Date Prepared: \_\_\_\_\_  
 Contract No. (As Applicable): \_\_\_\_\_

POSITION NO.	POSITION TITLE	FULL TIME EQUIVALENT TO ORGANIZATION	ANNUAL SALARY INCLUDING BUDGETED SALARY INCREASE A	% OF TIME BUDGETED TO THE CONTRACT B	TOTAL SALARY BUDGETED TO THE CONTRACT A x B
<b>TOTAL:</b>					
JUSTIFICATION/COMMENTS:					

**BUDGET JUSTIFICATION**  
**PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: \_\_\_\_\_

RFP No.: \_\_\_\_\_ Period: \_\_\_\_\_ to \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Contract No.: \_\_\_\_\_  
 (As Applicable)

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
<b>PAYROLL TAXES &amp; ASSESSMENTS:</b>			
Social Security	As required by law	As required by law	
Unemployment Insurance (Federal)	As required by law	As required by law	
Unemployment Insurance (State)	As required by law	As required by law	
Worker's Compensation	As required by law	As required by law	
Temporary Disability Insurance	As required by law	As required by law	
SUBTOTAL:			
<b>FRINGE BENEFITS:</b>			
Health Insurance			
Retirement			
SUBTOTAL:			
<b>TOTAL:</b>			
<b>JUSTIFICATION/COMMENTS:</b>			

# BUDGET JUSTIFICATION TRAVEL - INTER-ISLAND

Applicant/Provider: \_\_\_\_\_

RFP No.: \_\_\_\_\_ Period: \_\_\_\_\_ to \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Contract No. \_\_\_\_\_  
(As Applicable)

NAME OF EMPLOYEE & TITLE	DESTINATION	NO. DAYS	PER DIEM OR SUBSISTENCE A	AIR FARE B	TRANSPORTATION C	TOTAL A+B+C
<b>TOTAL:</b>						

**JUSTIFICATION/COMMENTS:**

# BUDGET JUSTIFICATION CONTRACTUAL SERVICES - ADMINISTRATIVE

Applicant/Provider: \_\_\_\_\_

RFP No.: \_\_\_\_\_

Period: \_\_\_\_\_ to \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Contract No. \_\_\_\_\_  
(As Applicable)

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
TOTAL:			